

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90128 013 ****75.00

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DOCUMENT # N97000005257

1. Corporation Name

LIVING BY FAITH MINISTRIES, INC.

Principal Place of Business

BROWNLEE RD
STARKE FL 32091

Mailing Address

ROUTE 2 BOX 1251
STARKE FL 32091
US

97855 . 90128 . 135



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

09/15/1997

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-3469957

Applied For

Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

24 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HILLIARD, MANUEL
ROUTE 2 BOX 1251
STARKE FL 32091

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME HILLIARD, KEITH ANTHONY
STREET ADDRESS 7202 PURDUE ST
CITY-ST-ZIP KEYSTONE HEIGHTS FL 32656

☒ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Mitchell DAVID DONALD
Rt 2. BOX 1831 STARKE FL
FLA. 32091

☒ Change

☐ Addition

TITLE VPD
NAME HILLIARD, CYNTHIA H
STREET ADDRESS RT. 2 BOX 1251
CITY-ST-ZIP STARKE FL 32091

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE C
NAME HILLIARD, MANUEL
STREET ADDRESS RT. 2 BOX 1251
CITY-ST-ZIP STARKE FL 32091

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

S
STEWART, VIOLET
P.O. Box 591
STARKE, FL 32091

☐ Change

☒ Addition

TITLE DVC
NAME HILLIARD, LOUANN
STREET ADDRESS 7202 PURDUE ST
CITY-ST-ZIP KEYSTONE HEIGHTS FL 32656

☒ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

DVC
GRIFFIS SANDRA
1224 N. THOMPSON ST
STARKE FLA. 32091

☒ Change

☐ Addition

TITLE D
NAME WELCH, GREG
STREET ADDRESS 7202 PURDUE ST
CITY-ST-ZIP KEYSTONE HEIGHTS FL 32656

☒ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

D
STEWART CARL
P.O. BOX 591
STARKE FLA 32091

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

D
MITCHELL PAULA JANE
Rt 2 BOX 1831 STARKE
FLA 32091

☒ Change

☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Manuel Hilliard 1-4-99 904 964 2330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E037 (11/98)